


2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90029 028 ****61.25

DOCUMENT # 719326					
1. Entity Name BEVERLY HILLS CONDOMINIUM NUMBER NINE, INC.					
Principal Place of Business 5300 WASHINGTON ST P-335 HOLLYWOOD, FL 33021 US			Mailing Address 5300 WASHINGTON ST P-335 HOLLYWOOD, FL 33021 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2380656	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CRESS, PAUL 5300 WASHINGTON ST P-335 HOLLYWOOD, FL 33021			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAZZANO, SYLVIA	NAME	SHERIDAN, HUGH		
STREET ADDRESS	5300 WASHING ST P-232	STREET ADDRESS	5300 WASHINGTON ST. 0-326		
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	HOLLYWOOD, FL. 33021		
TITLE	TD <input type="checkbox"/> Delete	TITLE			
NAME	CRESS, PAUL	NAME			
STREET ADDRESS	5300 WASHINGTON ST P-335	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	SEC. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIERCE, GLORIA	NAME	GAUTHIER, DENIS		
STREET ADDRESS	5300 WASHINGTON ST., APT P-140	STREET ADDRESS	5300 WASHINGTON ST. 0-226		
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	HOLLYWOOD, FL. 33021		
TITLE	1STV <input type="checkbox"/> Delete	TITLE			
NAME	MAFFUCCI, JOSEPH	NAME			
STREET ADDRESS	5300 WASHING ST P-332	STREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP			
TITLE		TITLE	2ND V. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	BURBRIDGE, FRED		
STREET ADDRESS		STREET ADDRESS	5300 WASHINGTON ST. 0-321		
CITY-ST-ZIP		CITY-ST-ZIP	HOLLYWOOD, FL. 33021		
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Paul Cress - PAUL CRESS</u>		Date: <u>1/29/08</u>		Daytime Phone #: <u>954-961-9862.</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	